

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKSaidah R. OCAMPO- copies
13 CV 5284

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

JOHN DOE, Police officer**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Saidah R. OCAMPO

ID #

Current Institution

ADDICTS REHABILITATION CENTER

Address

2015 MADISON AVENUE,
NEW YORK, N.Y. 10035 / 10035

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

JOHN DOE

Shield #

Where Currently Employed

138TH STREET, 40TH Precinct

Address

257 ALEXANDER AVENUE
BRONX, N.Y. 10454

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
On the street of New York City, Bronx.

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?
ON, OR ABOUT DECEMBER, 2010 IN THE AFTERNOON/
 EVENING.

D. Facts: ON OR ABOUT DECEMBER, 2010, JOHN DOE TRIED TO GET PLAINTIFF TO ENTER AN UNMARKED DETECTIVE VEHICLE "HE WAS DRIVING". LATER THAT NIGHT JOHN DOE SAW PLAINTIFF AGAIN, AND CALLED FOR BACK UP. AS A RESULT OF ALL THE COPS THAT RESPONDED TO THE CALL, PLAINTIFF FACE WAS BANGED INTO THE CONCRETE. PLAINTIFF WAS BLEEDING FROM HER NOSE AND MOUTH. PLAINTIFF TEETH SPLIT HER LIP AND HER TEETH WENT INSIDE OF HER GUMS. LIEUTENANT WEBBER PICKED PLAINTIFF UP, AND THE INTERNAL AFFAIRS TOOK PLAINTIFF STATEMENT, AND PICTURES OF PLAINTIFF INJURIES TO HER FACE.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

PLAINTIFF MEDICAL RECORDS WITH THE RELATED INJURIES FROM THE INCIDENT ABOVE THAT TRANSPIRED DECEMBER, 2010 ARE AT LINCOLN HOSPITAL IN THE BRONX, NEW YORK.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I MADE A STATEMENT TO THE INTERNAL AFFAIR

1. Which claim(s) in this complaint did you grieve? THE INJURIES I RECEIVED, AND HOW THE INCIDENT TRANSPIRED.

2. What was the result, if any? I NEVER HEARD FROM INTERNAL AFFAIRS.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. PLAINTIFF IS A LAYMAN TO THE LAW, AND WAS GOING TO APPEAL TO THE HIGHEST LEVEL, BUT HAD NO LAWYER TO ASSIST PLAINTIFF.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

PLAINTIFF DO NOT HAVE ANY KNOWLEDGE ABOUT THE LAW.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

ON OR ABOUT DECEMBER 2010, I INFORMED INTERNAL AFFAIRS, AND LEISTENANT WEBBER TOOK PICTURES OF MY FACIAL INJURIES.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

PLAINTIFF IS A LAYMAN TO THE LAW, AND DID THE BEST TO INFORM INTERNAL AFFAIRS ABOUT THE INCIDENT THAT HAPPEN DECEMBER 2010.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

FOR EACH DEFENDANT PLAINTIFF IS SEEKING 1 MILLION DOLLARS IN/ FOR COMPENSATORY DAMAGES AND 1 MILLION FOR EACH DEFENDANT FOR PUNITIVE DAMAGES, AND ANY OTHER FURTHER RELIEF THE COURT DEEMS JUST AND PROPER.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of JULY, 2013

Signature of Plaintiff

Saidah R. Ocampo

Inmate Number

Institution Address

2015 MADISON AVENUE
NEW YORK, N.Y. 10035

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____